

GUIDELINES FOR PREPARATION OF CERTIFICATION FORM

CERTIFICATION OF DIRECT RECORDING ELETRONIC VOTING SYSTEMS SUPPORT, PROGRAMMING AND TESTING

- A.** Provide name of the County Election Officer with whom you contracted.
- B.** Provide name of the County & Party Represented.
- C.** Provide the type of electronic voting equipment being certified and which Election (Primary or Runoff). Please provide number of the equipment. (Units Used)
- D.** Indicate if site support services were provided for Primary. If site support services were provided, indicate number of hours and actual cost. Specify whether support services were included in the initial acquisition of the DRE equipment. Check “yes” if services were a part of this initial equipment purchase or “no” if not.
- E.** Indicate if site support services were provided for Runoff. If site support services were provided, indicate number of hours and actual cost. Specify whether support services were included in the initial acquisition of the DRE equipment. Check “yes” if services were a part of this initial equipment purchase or “no” if not.

CERTIFICATION FORM FOR 2006 PRIMARY ELECTIONS

Electronic Voting System Support, Programming and Testing

A. COUNTY REPRESENTATIVE: _____.

B. COUNTY & PARTY: _____.

This is for the Office of the Secretary of State to certify Electronic Voting System funding utilized for Primary Elections to pay expenditures related to ballot printing, DRE System site support, programming and/or testing. Please review and verify whether support services were or were not included in the initial DRE equipment purchase through the HAVA Grant county contract.

DRE VOTING SYSTEM ELECTION USED:

C. General Primary and Runoff:

Paper _____ Optical Scan _____ DREs/Touch screen _____.

DRE System Used (Check one, if applicable): eSlate _____ iVotronic _____.

AccuVote _____ Automark _____ Other: _____.

I, the undersigned, hereby certify as follows the services provided by the primary:

D. General Primary: Indicate if site support services were provided: Yes _____ No _____.

Service provide from: _____ to _____.

If site support was provided indicate number of hours and actual cost. Check yes or no if services are a part of initial equipment purchase.

Support Services Provided: Yes _____ No _____ Vendor _____.

Support Services Included in initial acquisition of equipment: Yes _____ No _____.

Number of ballots provided: _____ Ballot Cost _____.

E. Runoff Primary: Indicate if site support services were provided: Yes _____ No _____.

Service provide from: _____ to _____.

If site support was provided indicate number of hours and actual cost. Check yes or no if services are a part of initial equipment purchase.

Support Services Provided: Yes _____ No _____ Vendor _____.

Support Services Included in initial acquisition of equipment: Yes _____ No _____.

Number of ballots provided: _____ Ballot Cost _____.

This page must contain the type of service, how many hours/days the service was provided and cost of service. Identify if any hours had already been used and if so how many.

Signature of administering officer